

<i>SERFF Tracking Number:</i>	<i>BNLA-127365864</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colonial Penn Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49543</i>
<i>Company Tracking Number:</i>	<i>CPL-3412 & CPL-3413</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>CPL-3412 & CPL-3413</i>		
<i>Project Name/Number:</i>	<i>CPL-3412 & CPL-3413/CPL-3412 & CPL-3413</i>		

Filing at a Glance

Company: Colonial Penn Life Insurance Company

Product Name: CPL-3412 & CPL-3413

SERFF Tr Num: BNLA-127365864 State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010

SERFF Status: Closed-Filed-

State Tr Num: 49543

Closed

Sub-TOI: MS09.000 Medicare Supplement

Co Tr Num: CPL-3412 & CPL-3413

State Status: Filed-Closed

Other 2010

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Lucy Sutton, Sue Novotny

Disposition Date: 09/02/2011

Date Submitted: 08/12/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: CPL-3412 & CPL-3413

Status of Filing in Domicile:

Project Number: CPL-3412 & CPL-3413

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/02/2011

State Status Changed: 09/02/2011

Deemer Date:

Created By: Lucy Sutton

Submitted By: Lucy Sutton

Corresponding Filing Tracking Number:

Filing Description:

RE: Medicare Supplement Insurance Advertising

CPL-3412 - Lead Generation

CPL-3413 - Lead Generation

Dear Insurance Department Personnel:

As required by your state's advertising rules, we are filing the above referenced form. These are new forms and do not replace any forms currently on file with your Department. These forms advertisement will be used on a general basis by our licensed insurance agents as lead generating forms to prospective or existing clients who may benefit from Medicare Supplement Insurance policies.

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The names and addresses on each letter will be updated to the name and address of the client the ad will be mailed to. In addition, the following items are bracketed to update as indicated:

Item	Variability
DATE	This will automatically be updated with the date the letter is printed and mailed.
FIRST LAST	This will be updated with the name of addressee
PHONE NUMBER (BODY)	This will be updated with the agent's office or cell phone number
AGENT NAME	This will be updated with the licensed agent full name as it appears on his/her license
OFFICE PHONE NUMBER	This will be updated with the agent's office #
CELL PHONE NUMBER	This will be updated with the agent's cell #
LOCAL BRANK OFFICE ADDRESS	This will be the complete address of our local branch office that the agent works out of

To the best of our knowledge and belief, this submission complies with all the relevant statutes and regulations of your State, and includes nothing that has been previously objected to or disapproved by your Department.

Your consideration and approval of the above forms would be appreciated.

Company and Contact

Filing Contact Information

Lucy Sutton, Information Coordinator	l.sutton@banklife.com
600 West Chicago Ave	312-396-6122 [Phone]
Location: CH-4B042	312-396-5907 [FAX]
Chicago, IL 60654-2800	

Filing Company Information

Colonial Penn Life Insurance Company	CoCode: 62065	State of Domicile: Pennsylvania
Adm. Address: 600 West Chicago Ave	Group Code: 233	Company Type:
Chicago, IL 60654-2800	Group Name:	State ID Number:
(312) 396-6000 ext. [Phone]	FEIN Number: 23-1628836	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No

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<i>Fee Explanation:</i>	<i>AR charges \$50 per form.</i>		
	<i>\$50 * 2 = \$100.00</i>		
<i>Per Company:</i>	<i>No</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Penn Life Insurance Company	\$100.00	08/12/2011	50584697

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	09/02/2011	09/02/2011

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Disposition

Disposition Date: 09/02/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Post Card	Filed-Closed	Yes
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Form Schedule

Lead Form Number: CPL-3412 & CPL-3413

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 09/02/2011	CPL-3412	Advertising	Post Card	Initial		0.000	CPL-3412.pdf
Filed-Closed 09/02/2011	CPL-3413	Advertising	Post Card	Initial		0.000	CPL-3413.pdf

11825 North Pennsylvania St.
Carmel, IN 46032-4555

FREE MEDICARE GUIDE FOR RESIDENTS

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and Casualty

IMPORTANT NON-GOVERNMENTAL DOCUMENT ENCLOSED
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FREE MEDICARE GUIDE FOR RESIDENTS

A FREE guidebook titled “MEDICARE AND ACTIVE AMERICANS” PROTECTION GUIDE is now available to [STATE] residents age 65 and over.

This important guide provides state residents and their families with critical information you need to know about:

- What Medicare covers for Doctor Services
- What Medicare covers for Outpatient Hospital Services
- What Medicare covers for Supplies and Other Services
- What Medicare DOES NOT cover and what you must pay per benefit period

THIS IS RECOMMENDED READING FOR ALL RESIDENTS AGE 65 and OVER.
[Visit your personal web site at www.XXXX.com] or call toll-free [1-XXX-XXX-XXXX].

☐ **YES! Send me my FREE “MEDICARE AND ACTIVE AMERICANS” GUIDE from Bankers Life and Casualty Company.**

Eligible Residents (Check one):
☐ Age 65 or over on Medicare ☐ Age 65 or over NOT on Medicare

John Doe
123 Main Street
Anytown, US 12345
|||||

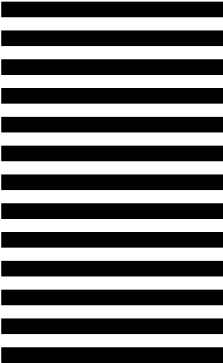
Name: _____
Phone: _____

Medicare Supplement Insurance Policies are available through Colonial Penn Life Insurance Company. Colonial Penn Life Insurance Company, Bankers Life and Casualty Company and their licensed agents are not affiliated with or sponsored by the U.S. Government or the Federal Medicare Program. An insurance agent will contact you.

FREE MEDICARE
GUIDE FOR
RESIDENTS



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IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. XX CITY ST

POSTAGE WILL BE PAID BY ADDRESSEE

[Booklet Fulfillment Center]
[PO BOX XXXX]
[CITY STATE ZIPCODE]



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[2011] “MEDICARE AND ACTIVE AMERICANS” COUPON

This certificate is important. It entitles you to a FREE COPY of an important booklet called “**Medicare and Active Americans**,” a guide to the latest information on Medicare’s HOSPITAL, MEDICAL and PRESCRIPTION DRUG BENEFITS.

This full-color booklet is FREE to residents age 65 and over. It contains up-to-the-minute facts and easy-to-read charts covering the benefits that you are or will be eligible to receive under Medicare. [Visit your personal web site at www.XXXX.com].

“**Medicare and Active Americans**” from Bankers Life and Casualty Company can help answer your Medicare questions. Detach and mail this certificate today for your FREE COPY.

☐ **YES! Please mail me the new edition of “Medicare and Active Americans.”**

Or call the information request line toll-free [1-XXX-XXX-XXXX].

John Doe
123 Main Street
Anytown, US 12345

Name: _____

Phone: _____



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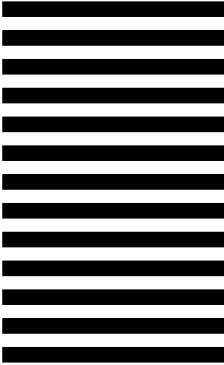
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CERTIFICATE
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[CITY STATE ZIPCODE]

